

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400225287

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 69175 4. Contact Name: Jeff Glossa
2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (303) 831-3972
3. Address: 1775 SHERMAN STREET - STE 3000 Fax: (303) 860-5838
City: DENVER State: CO Zip: 80203

5. API Number 05-123-22359-00 6. County: WELD
7. Well Name: LAWLEY Well Number: 33-4
8. Location: QtrQtr: NWSE Section: 4 Township: 6N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 10/30/2011 Date of First Production this formation: _____
Perforations Top: 7100 Bottom: 7108 No. Holes: 24 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: ☐

Re-perf'd Codell
Re-Frac'd Codell w/ 595 bbls of 26# pHaser pad, 2034 bbls of 26# pHaser fluid system, 217300# 20/40 Ottawa, 8000# 20/40 SB Excel.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCING

Treatment Date: _____

Date of First Production this formation: 11/16/2011Perforations Top: 6823 Bottom: 7108 No. Holes: 52 Hole size: _____Provide a brief summary of the formation treatment: _____ Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 11/30/2011 Hours: 24 Bbls oil: 11 Mcf Gas: 41 Bbls H2O: 5Calculated 24 hour rate: _____ Bbls oil: 11 Mcf Gas: 41 Bbls H2O: 5 GOR: 3727Test Method: Flowing Casing PSI: 1550 Tubing PSI: 1000 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1350 API Gravity Oil: 48Tubing Size: 2 + 3/8 Tubing Setting Depth: 7083 Tbg setting date: 11/29/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARAStatus: COMMINGLEDTreatment Date: 10/30/2011

Date of First Production this formation: _____

Perforations Top: 6823 Bottom: 6951 No. Holes: 28 Hole size: 27/64Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Perf'd Niobrara "A" 6823-6825' (4 holes), Niobrara "B" 6943-6951' (24 holes)
Frac'd Niobrara with 119 bbl FE-1A pad, 800 bbls of Slickwater pad, 801 bbls of pHaser 20# pad, 2214 bbls of pHaser 20# fluid system and 238440# of 20/42 Ottawa, 12000 # 20/40 SB Excel.

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jeff GlossaTitle: Sr Engineering Tech Date: 12/15/2011 Email: jpglossa@petd.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400225287 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
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Total: 0 comment(s)